Under the Pa	aperwork Reduction	Act of 19	195 no nerson are r	equired to		Patent and Trad	emark Office; U.S. [	PTO/SB/17 (09-1) ugh 01/31/2014. OMB 0651-003 DEPARTMENT OF COMMERC olays a valid OMB control numb		
Officer the Fe	aperwork rieduction	7101 01 10	iso, no person are n		respond to a ce		mplete if Kno			
				[	Application	Number	10/591,628-	Conf. #1403		
FEE TRANSMITTAL					Filing Date		November 16, 2007			
					First Name	d Inventor	Chaker N. A	dra		
					Examiner N	ame	Angela Mari	e Bertagna		
X Applicant claims small entity status. See 37 CFR 1.27					Art Unit		1637			
TOTAL AMOUNT OF PAYMENT (\$) 180.00					Attorney Docket No.		A0852.7000	A0852.70000US01		
METHOD OF	PAYMENT (c	heck al	I that apply)							
Check [	X Credit Card	Doguet Nu	Money Order	Non		ther (please idea		enfield & Sacks P.C.		
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee										
	harge fee(s) ind					narge iee(s)	indicated below,	except for the filling fee		
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
	nation on this form authorization on PT		come public. Credit	t card info	rmation shoul	d not be includ	led on this form. P	rovide credit card		
FEE CALCU	LATION							-		
1. BASIC FILIN	IG, SEARCH, A	ND EXA	MINATION FEE	S						
		FILI	NG FEES	SEA	ARCH FEE:		INATION FEE			
Application T	voe F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small En Fee (\$		Small Entity Fee (\$)	Y Fees Paid (\$)		
Utility	<u>, 160 -                                  </u>	380	190	620	310	250		1 000 1 αια (φ)		
Design		250	125	120	60	160	80	-		
Plant		250	125	380	190	200				
Reissue		380	190	620	310	750	375			
Provisional		250	125	0	0	0	0			
2. EXCESS CL	AIM FEES							Small Entity		
Fee Description Fee (\$)										
Each claim over 20 (including Reissues)								60 30		
Each independent claim over 3 (including Reissues) Multiple dependent claims								250 125 450 225		
Total Claims	Extra (	Claims	Fee (\$)_	Fe	e Paid (\$)		Multiple Deper			
	- 20 or HP		x =				Fee (\$)	Fee Paid (\$)		
HP = highest num	nber of total claims p	aid for, if	greater than 20.			_				
Indep. Claims	Extra (	Claims	Fee (\$)	Fe	e Paid (\$)					
	- 3 or HP =	claims na	x = aid for, if greater than							
3. APPLICATIO	·	olainio pe	ara ror, ii groator tirai							
		igs exc	eed 100 sheets o	f paper (	excluding e	lectronically	filed sequence	or computer		
			e application siz							
sheets or fr	raction thereof.	See 35	U.S.C. $41(a)(1)$	(G) and	37 CFR 1.16	δ(s).				
Total Sheet		<u>Sheets</u>				r fraction the		Fee Paid (\$)		
			/50 =		(round <b>up</b> to	a whole numbe	er) x	_ =		
4. OTHER FEE Non-English	` '	\$130 f	ee (no small ent	ity disco	ount)			<u>Fees Paid (\$)</u>		
Other (e.g.,	late filing surch	arge): _	1806 Submissi	on of ar	n Informatio	n Disclosur	e Statement	180.00		
SUBMITTED BY										
Signature	/Roque El-H	ayek/			Registration No (Attorney/Agent		1 Telephone	617.646.8000		
Name (Print/Type)	Roque El-Ha	ıyek			, , , , , , , , , , , , , , , , , , , ,		Date [	December 8, 2011		
· · · · ·	<u>'</u>	-					I	*		

Certificate of Electronic Filing Under 37 CFR 1.8  I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).									
Dated: December 8, 2011	Signature:	/Robert C. Sweeney/	_ (Robert C. Sweeney)						